

Name
in
Full

Anna G. Bennet

CERTIFICATE OF DEATH

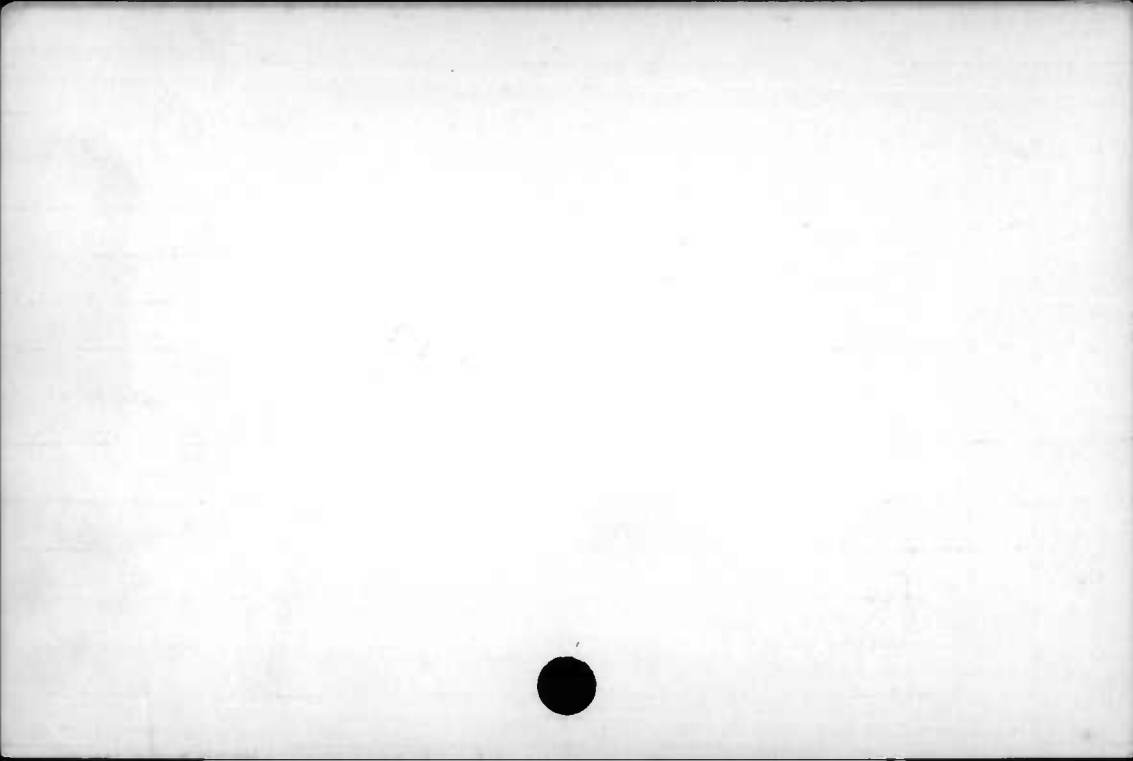
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cauling</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 1903	Month <u>Sept</u>	Day <u>21</u>	Age	Years	Months <u>7</u> Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cauling, Md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>Henry E. Bennet</u>			Father's Birthplace <u>Micomee Co</u>		
Mother's Maiden Name <u>Nancy P. Bennet</u>			Mother's Birthplace <u>Micomee Co</u>		
Name of person giving information <u>Mrs H. P. Bennet</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malaria</u>	How long	<u>Some months</u>
Immediate	<u>E. haemorrhage</u>	How long	<u>Seven days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D. M. G. L. L. L. L.</u>
		Address	<u>Cauling, Md</u>
Accident or Suicide?			



Name
in
Full

Amintha Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge		^{County} Worcester		MARYLAND	
Date of death	1903	Month	Sep.	Day	23
Age		19		Years	
Sex		Female		Color or Race	Colored
Occupation		Housemaid		Birth-place	Wm. Co. Md.
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Jas. H. Gannon		Father's Birthplace Wm. Co. Md.		
Mother's Maiden Name	Ellen Bennett		Mother's Birthplace Wm. Co. Md.		
Name of person giving Information	Ellen Bennett		How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis pulmonalis		How long.	6 months
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Cambridge Md.	
Accident or Suicide?				



Name in Full *Mattie L. J. Butler*
 Died near *Hurlock* ^{Town} *Dorchester* ^{County} *MARYLAND*
 Date 19*03* ^{Month} *9* ^{Day} *27* ^{Y.} *2* ^{M.} *6* ^{D.} *6* ^{Native of} *Baltimore* ^{Occupation}
~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living}
 Husband of *93.*
 Wife
 Father's Name *James A. Butler* ^{Mother's Maiden Name} *Agnes S. Cornish*
 Cause of Death { ^{Primary} *Pneumonia.* ^{Immediate} *Exhaustion* ^{How long sick} *10 days* ^{Accident, Suicide, Homicide}
 Reported by *G. A. Haefner M.D.*
 Address *Hurlock Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

71



Name
in
Full

Thomas Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bridgetown</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1903</u> <small>Month</small>	<u>September</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>76</u> <small>Months</small>	<u>4</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Capt Light House</u>		Birth-place	<u>England</u>	
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>Louise Gibson</u>	
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dyspepsia</u>	How long	<u>5 or 6 years</u>
Immediate	<u>Peritonitis</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Ther are</u>	Signature of Physician	<u>J. H. Connally</u>
		Address	<u>Myers St. Dorchester</u>
Accident or Suicide?			

1




Name In Full

Certificate of Death

Name *Sarah Cornish*
 Town *Cambridge* County *Dorchester*
 Died at *MARYLAND*
 Date 19*03* Month *Sept.* Day *14* Y. *44* M. *-* D. *-* Native of *Ind* Occupation *Domestic*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *Joseph Cornish*
 Father's Name *Uriah Kain* Mother's Maiden Name *Mary Carr*
 Cause of Primary *Pericarditis* How long sick *Several months*
 Death Immediate Accident, Suicide, Homicide

Reported by *Wilbur A. Drake*
 Address *Cambridge*  *Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jane Ennalls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Croft</u> ^{Town}		<u>Storchester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>12</u> ^{Day}	Age <u>40</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>None</u>				
Name of Wife <u>Mr</u> <u>James</u> <u>Ennalls</u>					
Father's Name <u>Mr</u> <u>Ellert</u> <u>79</u>					
Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Ann Maria</u> <u>Ennalls</u>					
Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Mr</u> <u>J. Ennalls</u>					
How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Organic Heart Lesion</u>	How long <u>3 years</u>
Immediate <u>Heart failure</u>	How long <u>Few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. A. Jones</u>
	Address <u>Croft. Md</u>
Accident or Suicide?	



Name
in
Full

Hattie Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>sep.</u> ^{Month}	<u>12</u> ^{Day}	<u>22</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>W.C. Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Paul J. Fox</u>				
Father's Name <u>John Webster</u>	Father's Birthplace <u>W.C. Md.</u>				
Mother's Maiden Name <u>Bessie Mays</u>	Mother's Birthplace <u>W.C. Md.</u>				
Name of person giving Information <u>Paul J. Fox</u>	How related to deceased <u>husband</u>				

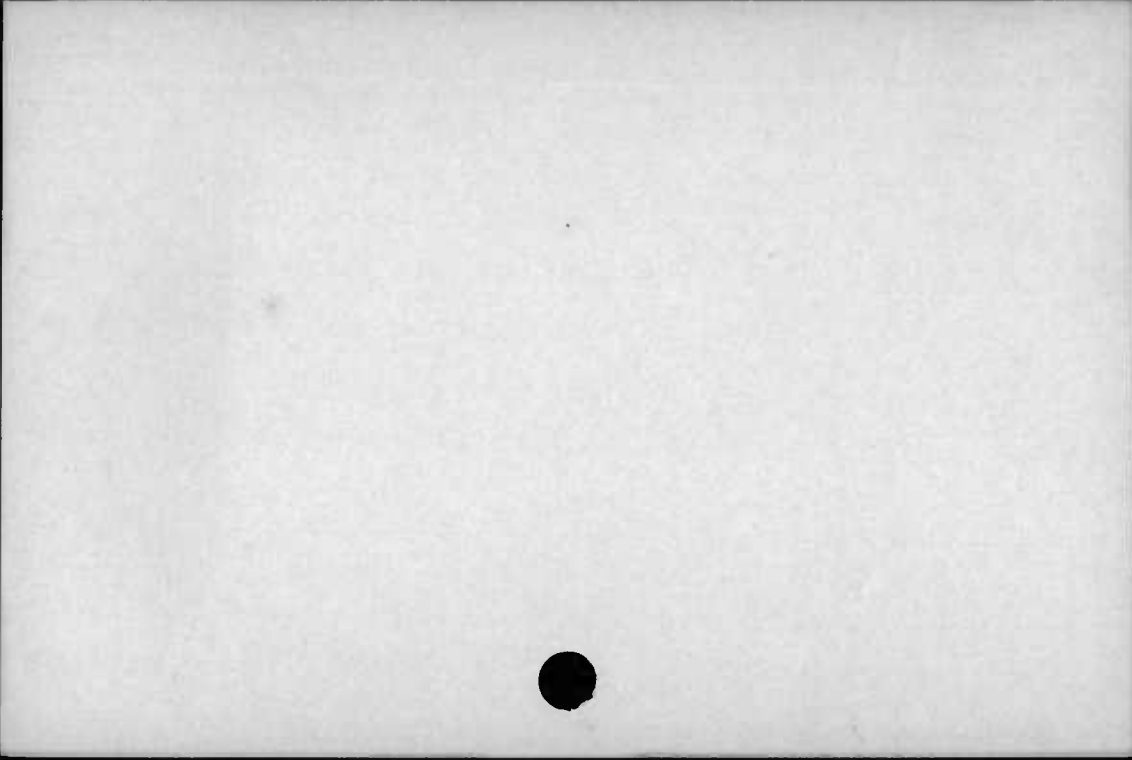
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lightning stroke</u>	How long <u>Instantly</u>
Immediate	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Vienna</i> Town		<i>Dorchester</i> County		MARYLAND
	Date of death <i>1903</i>	Month <i>Apr.</i>	Day <i>15</i>	Age <i>65</i> Years	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place	
	Occupation <i>Housewife</i>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		<i>66.</i>		Father's Birthplace
	Mother's Maiden Name				Mother's Birthplace
Name of person giving Information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>		How long <i>2 days</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. J. Price, M.D.</i>		
			Address <i>Vienna</i>		
	Accident or Suicide?				



Name
in
Full

Josiah Hulsby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>Sept</u> ^{Month}	<u>3</u> ^{Day}	Age <u>75</u> ^{Years}	<u>—</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wm Co. Md</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ann Rebecca Hulsby</u>				
Father's Name <u>James Hulsby</u>	Father's Birthplace <u>Belleville Md</u>				
Mother's Maiden Name <u>Carey Wilson</u>	Mother's Birthplace <u>Wm Co. Md</u>				
Name of person giving Information <u>Wm R. Hulsby</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright disease</u>	How long <u>3 1/2 years</u>
Immediate <u>Exhaustion - coma</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name In Full

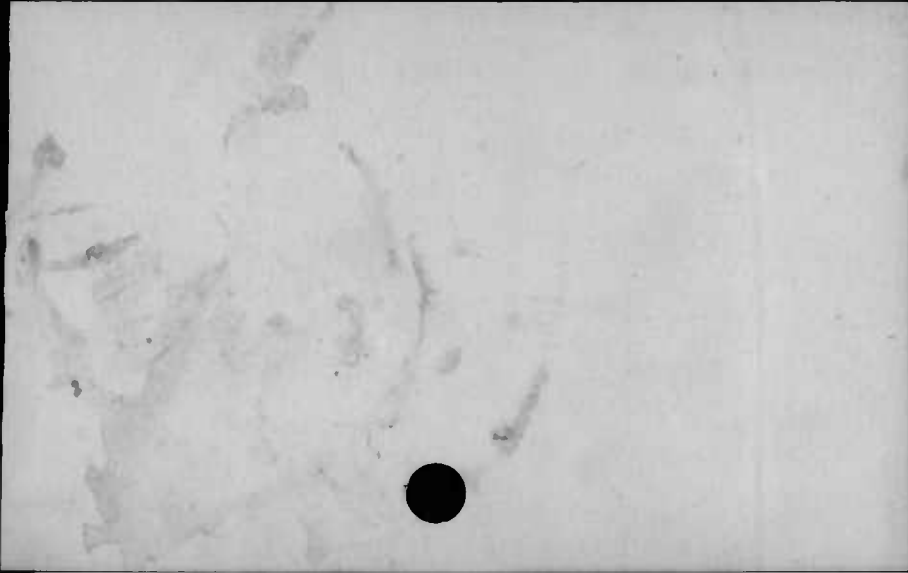
Certificate of Death

~~Louisa E. Hooper~~
 Died at Hoopersville Greene County MARYLAND
 Date 19 03 Sept 19 | Age 53 | Native of Maryland | Occupation Housewife
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Single ☐ Widower ☐
 Number of children living 11

Husband of Samuel T Hooper
 Wife Henry Meekins
 Father's Name Henry Meekins Mother's Maiden Name Mary Travers
 Cause of Death { Primary Consumption | How long sick 2 yrs
 Immediate Consumption | ~~Accident, Suicide, Homicide~~

Reported by Lawrence P. Ashton S. R.
 Address Hoopersville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

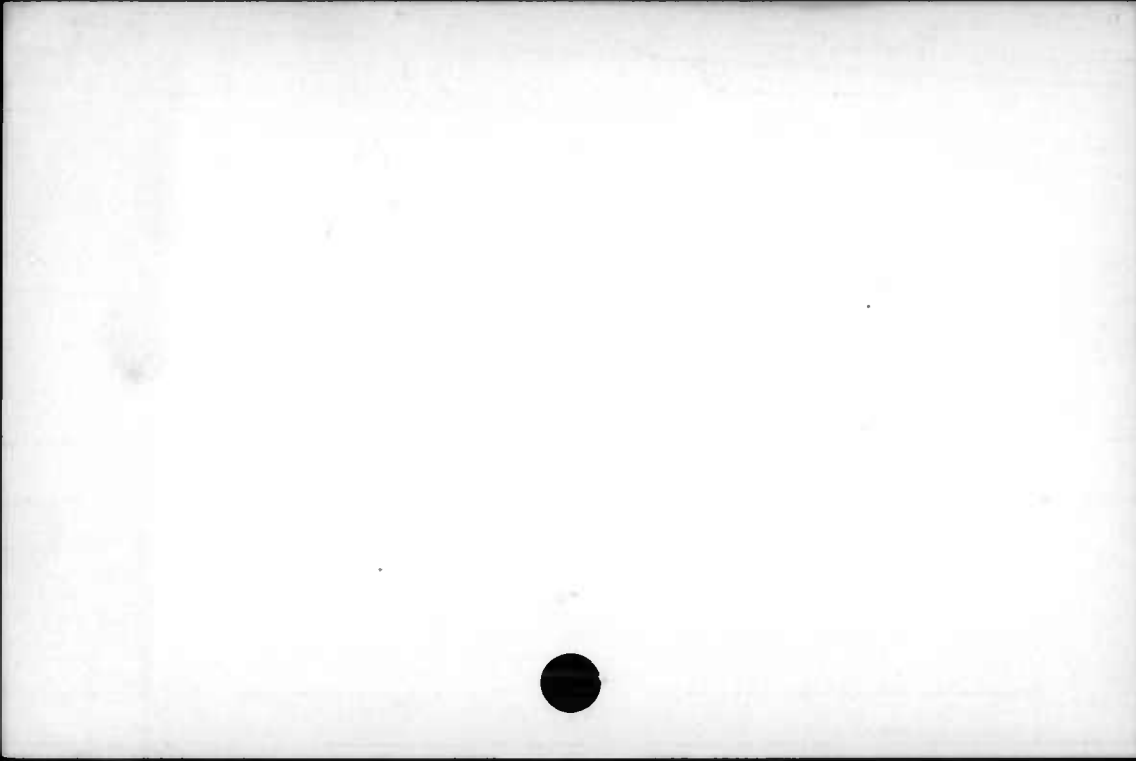
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Brocken		MARYLAND	
Date of death 1903		Month sep	Day 20	Age —		Years —	Months —
Sex Male		Color or Race negro		Birth- place Cambridge Md		Days 8	
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name not known				Father's Birthplace 17/6			
Mother's Maiden Name Mary Jackson				Mother's Birthplace Md.			
Name of person giving In formation Thurmond Hughes				How related to deceased nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary dying by asphyxiation	How long —
Immediate asphyxiation	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thurmond Hughes M.D.
	Address Cambridge Md.
Accident or suicide ?	



Name
in
Full

Lilly Jolly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Orcheston</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>8</u>	Age <u>56</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Dr. Co. Md.</u>		
Occupation <u>housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Charles Jolly</u>				
Father's Name <u>Isaac Jostson</u>	Father's Birthplace <u>Dr. Co. Md.</u>		45		
Mother's Maiden Name <u>Maria Camper</u>	Mother's Birthplace <u>Dr. Co. Md.</u>		4		
Name of person giving Information <u>Mary Jane Jostson</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Multiple Cancer, one abdominal</u>	How long <u>3 years</u>
Immediate <u>Exhaustion after operation at hospital</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Eugene Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Irving Wilson Heene

CERTIFICATE OF DEATH

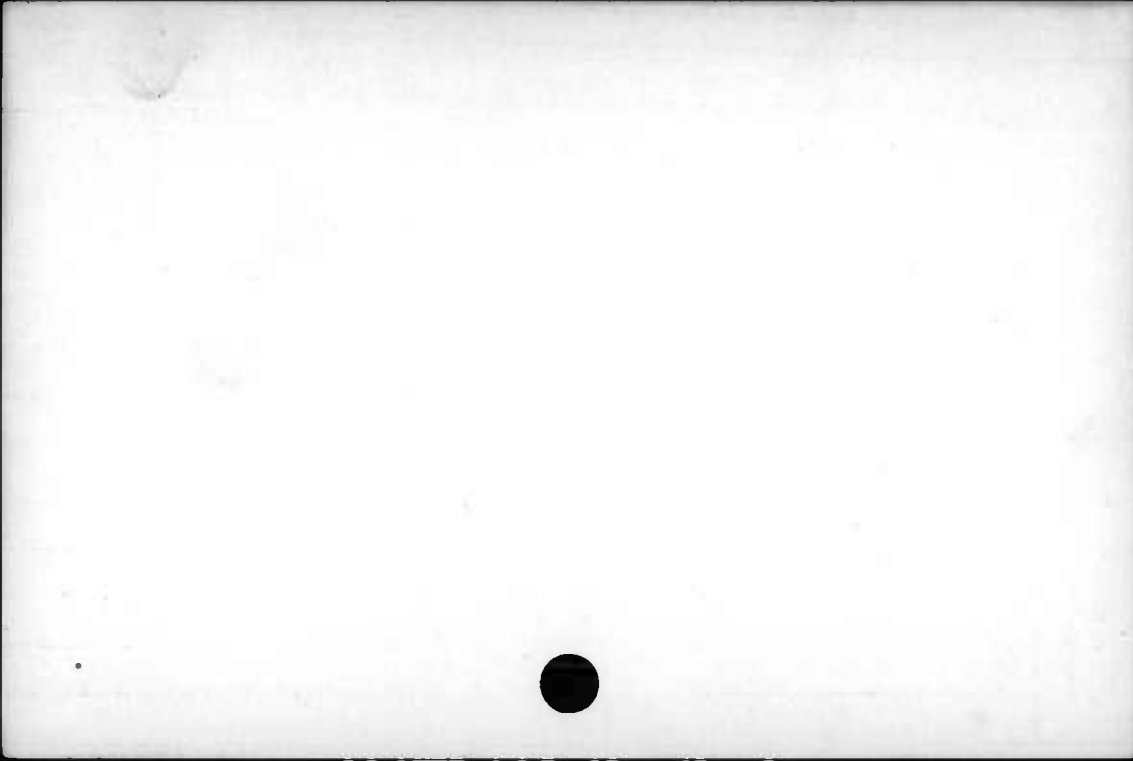
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Golden Hill</u> ^{Town}		<u>Rochester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>Sept</u> ^{Day}	<u>13</u> ^{Age}	<u>10</u> ^{Years}	<u>5</u> ^{Months}	<u>29</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Abraham L. Heene</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Cluelia Jane Banks</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Abraham L. Heene</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. A. P. Jones</u>
	Address <u>Lehigh, Ind</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

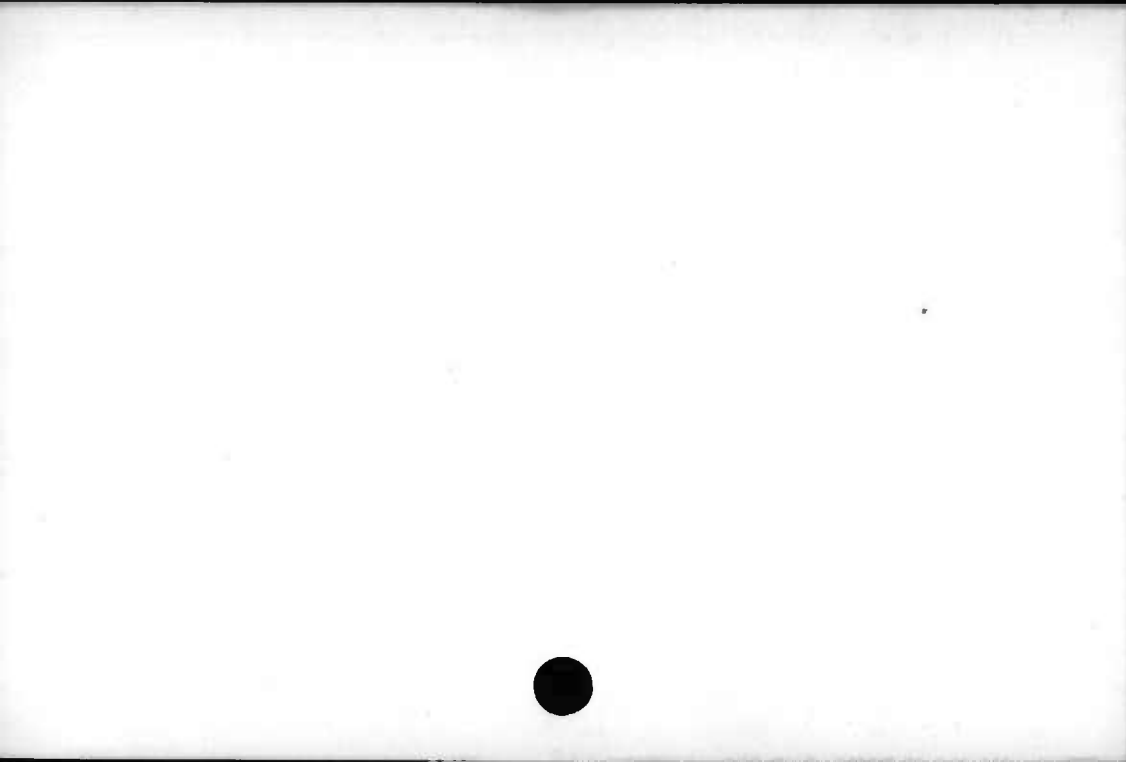
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge, Md.</i>		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>9</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Cambridge, Md.</i>		
Married , Single			Name of Wife or Husband		
Father's Name <i>Charles W. Kibble</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Carrie</i>			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum.</i>	How long <i>about 36 hours</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff M.D.</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federal Springs</i>		County <i>San</i>		MARYLAND	
Date of death 1903	Month <i>Sep</i>	Day <i>5</i>	Age	Years	Months <i>10</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Howard Kirby</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sci</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. R. R. Jefferson</i>
		Address	<i>Federal Springs md</i>
Accident or Suicide?			



Sarah Eliza Marshall

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Sept 28

Age *67-3-19*

md wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living *8*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Levon J. Marshall

Walter Simon

Sarah Long

Cause of

Primary

Bright disease

How long sick

Death

Immediate

Heart failure

12 D. 5 months
Accident, Suicide, Homicide

Reported by

Victor S. Gately

Address

East New Market md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nellie Thomas North

CERTIFICATE OF DEATH

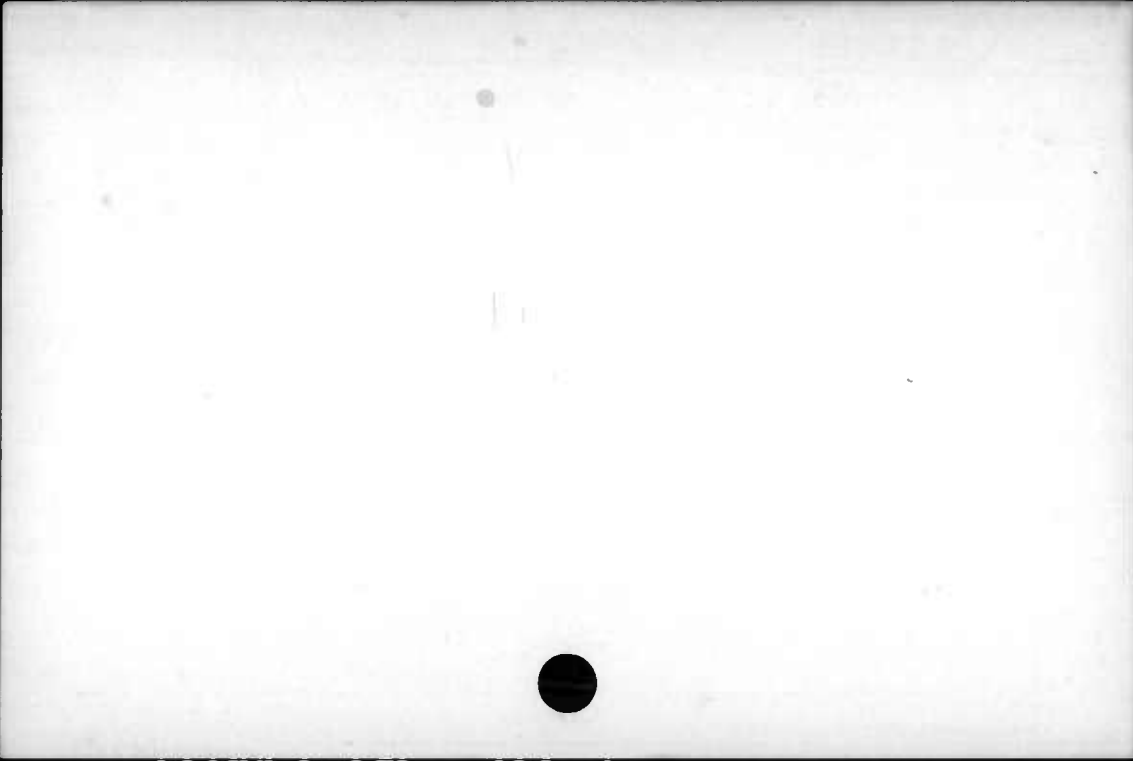
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrights</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Sept</u>	Day <u>9</u>	Age <u>2</u>	Months <u>9</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Wrights. Md</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Thos. Frank North</u>			Father's Birthplace <u>Wrights Md</u>		
Mother's Maiden Name <u>Nellie Thomas</u>			Mother's Birthplace <u>Wrights Md</u>		
Name of person giving information <u>J. H Thomas</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral regurgitation</u>	How long <u>6 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
	Address <u>246#5 Cambridge Md</u>
Accident or Suicide?	



Name
in
Full

Easter Ann Opher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i>		Town <i>Madison</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Sept.</i>	Day <i>16th</i>	Years <i>19</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birthplace <i>Dorchester, D. C.</i>				
Occupation <i>House work</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm. W. Opher</i>						
Father's Name <i>Richard Chester</i>	Father's Birthplace <i>Dor. Co. Md.</i>						
Mother's Maiden Name <i>Margaret Waters</i>	Mother's Birthplace <i>Dor. Co. Md.</i>						
Name of person giving Information <i>Wm. W. Opher</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>7 months</i>
Immediate <i>Exhaustion due to non assimilation</i>	How long <i>10 days probably</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Linticum, M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> ^{Town}		<i>Dor</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Sep</i> ^{Month}	<i>22</i> ^{Day}	Age <i>75</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Del</i>		
Occupation <i>farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jane Cutler</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name
in
Full

(—) Pattison

CERTIFICATE OF DEATH

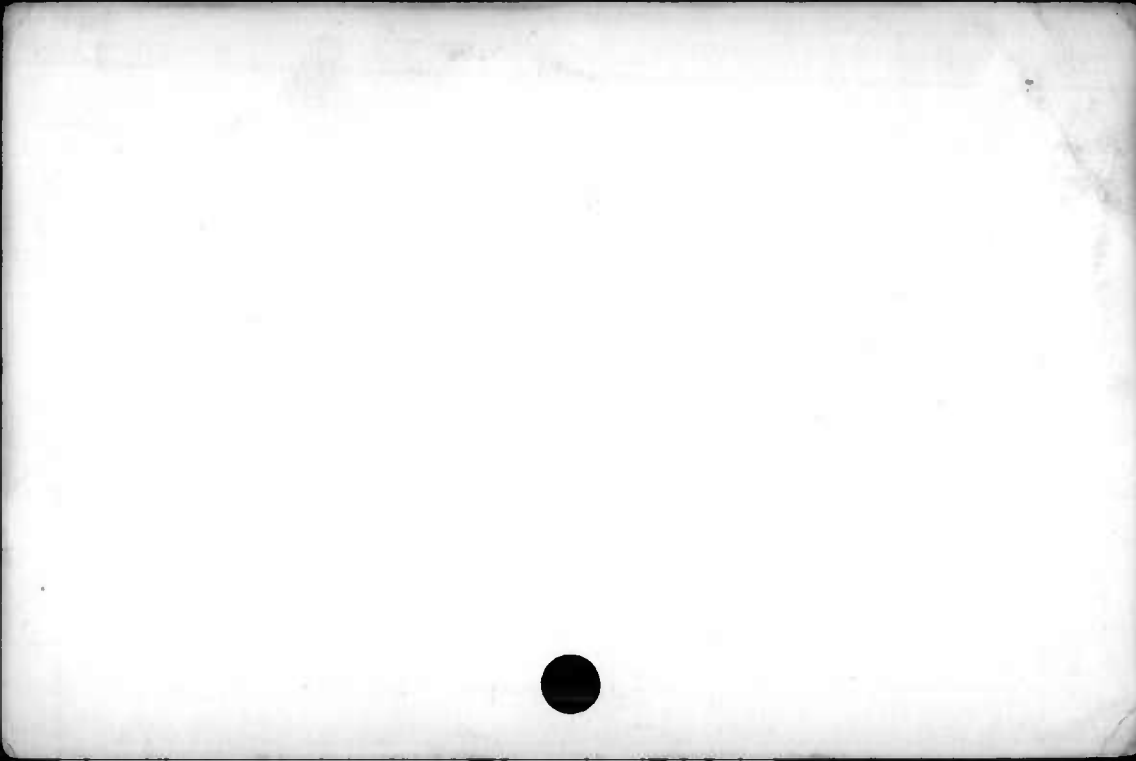
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>			County <i>Dorchester</i>			MARYLAND		
Date of death	1902	Month	Sept	Day	1	Age	Years	83
						Months		3
						Days		24
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Cambridge, Ind</i>	
Married, Single or Widowed	<i>widow</i>			Name of Wife or Husband			<i>—</i>	
Father's Name	<i>—</i>			18.			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>						Mother's Birthplace	<i>—</i>
Name of person giving Information	<i>John J. Pattison</i>						How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury of head</i>	How long	<i>8 or 10 days</i>
Immediate	<i>Embryonic</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John M. Mace</i>
		Address	<i>Cambridge, Ind</i>
Accident or Suicide?			



Name
in
Full

Paul

CERTIFICATE OF DEATH

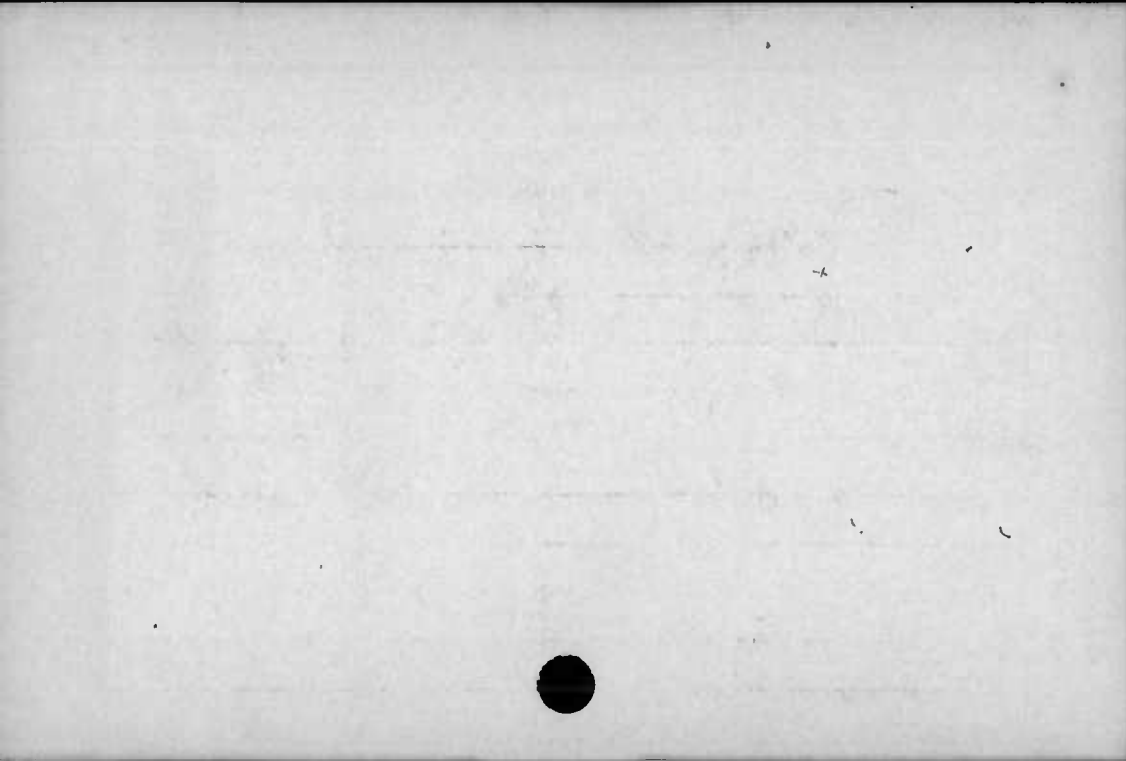
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	<u>1903</u> ^{Month} <u>Sept</u> ^{Day} <u>3</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>1</u>	Age <u>—</u>			
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas Paul</u>		151.		Father's Birthplace <u>Wm. Co. Md</u>	
Mother's Maiden Name <u>Sylvia James</u>				Mother's Birthplace <u>Wm. Co. Md</u>	
Name of person giving information <u>Rebecca Stanley</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exhaustion</u>	How long <u>1 day</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Rebecca Stanley</u> ^{Midwife}
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Paul

CERTIFICATE OF DEATH

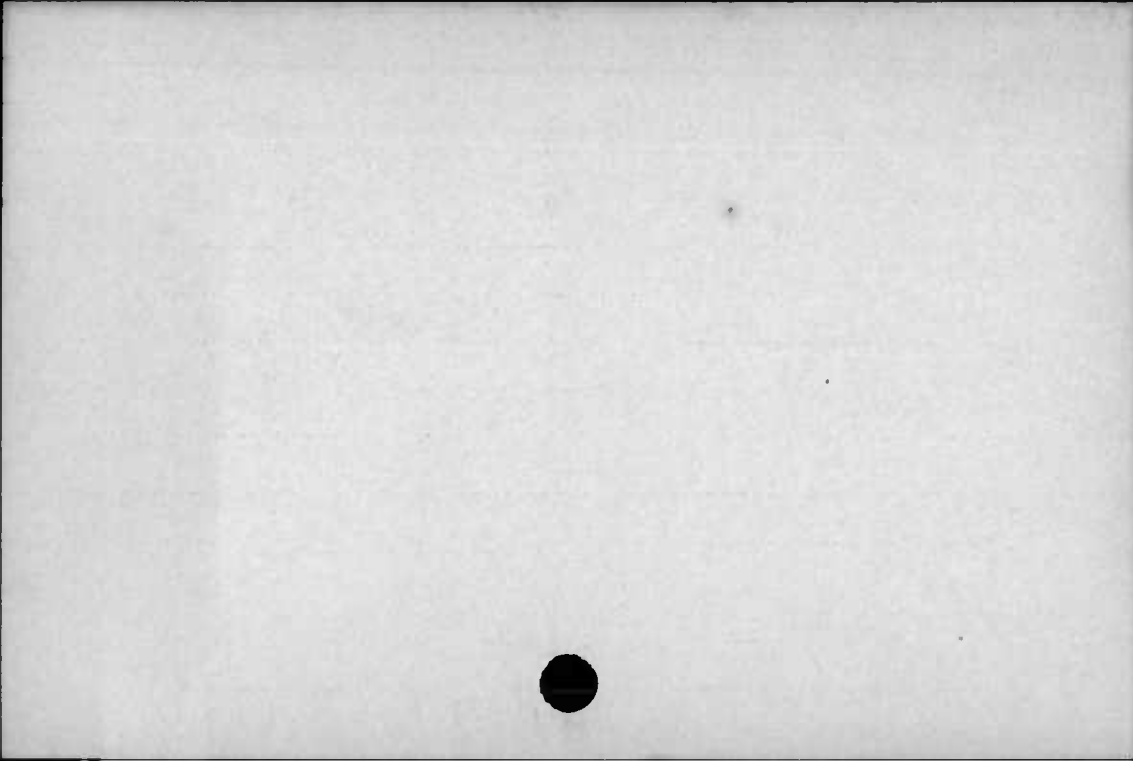
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Bonchester</i> ^{County}		MARYLAND		
Date of death <i>1903</i>	Month <i>Apr</i>	Day <i>13</i>	Age <i>15 1/2</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cambridge</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name or Wife or Husband <i>—</i>			
Father's Name <i>Chas. Paul</i>			Father's Birthplace <i>Dr. Co. Md</i>			
Mother's Maiden Name <i>Lydell James</i>			Mother's Birthplace <i>Dr Co. Md</i>			
Name of person giving information <i>Rebecca Stanley</i>			How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>1 day</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rebecca Stanley M.D.</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Charlie W. Sampson

Town

County

Died at

Thorlock Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

3 Sept '13

Age

housewife

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles W. Sampson

Mother's

Name

Ruth L. Sampson

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Elihu R. Oldridge

Address

Thorlock Dorchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

John T. Fall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> - Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>sep.</u>	Day <u>29</u>	Age <u>54</u> Years	Months <u>8</u>	Days <u>4</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>W. Co. Md.</u>		
Occupation <u>Blacksmith</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Alfreda Harper</u>				
Father's Name <u>John Fall</u>	Father's Birthplace <u>W. Co. Md.</u>				
Mother's Maiden Name <u>Ruth Wiley</u>	Mother's Birthplace <u>W. Co. Md.</u>				
Name of person giving information <u>Alfreda Fall</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Heart-failure (Fine pneumonia, Rheumatism)</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel Little</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Amelia Thompson

m d

MARYLAND

Died at ^{Town} *Drumbridge* ^{County} *Dorchester*

Date 19 *03* ^{Month} *Sept* ^{Day} *25* ^{Y.} *79* ^{M.} *-* ^{D.} *-* ^{Native of} *Drumbridge det Dor Co* ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~

Female ~~Colored~~ ~~Singla~~ ~~Number of children living~~

Husband of *Eligeth Pinder*

Wife *Eligeth Pinder*

Father's Name *Eligeth Pinder* ^{Mother's} *Rachel Pinder* ^{Maiden Name}

Cause of ^{Primary} *olde age* ^{How long sick} *2 months*

Death ^{Immediate} *None* ^{Accident, Suicide, Homicide}

Reported by *Joseph Hollis* *Geo Willcready*

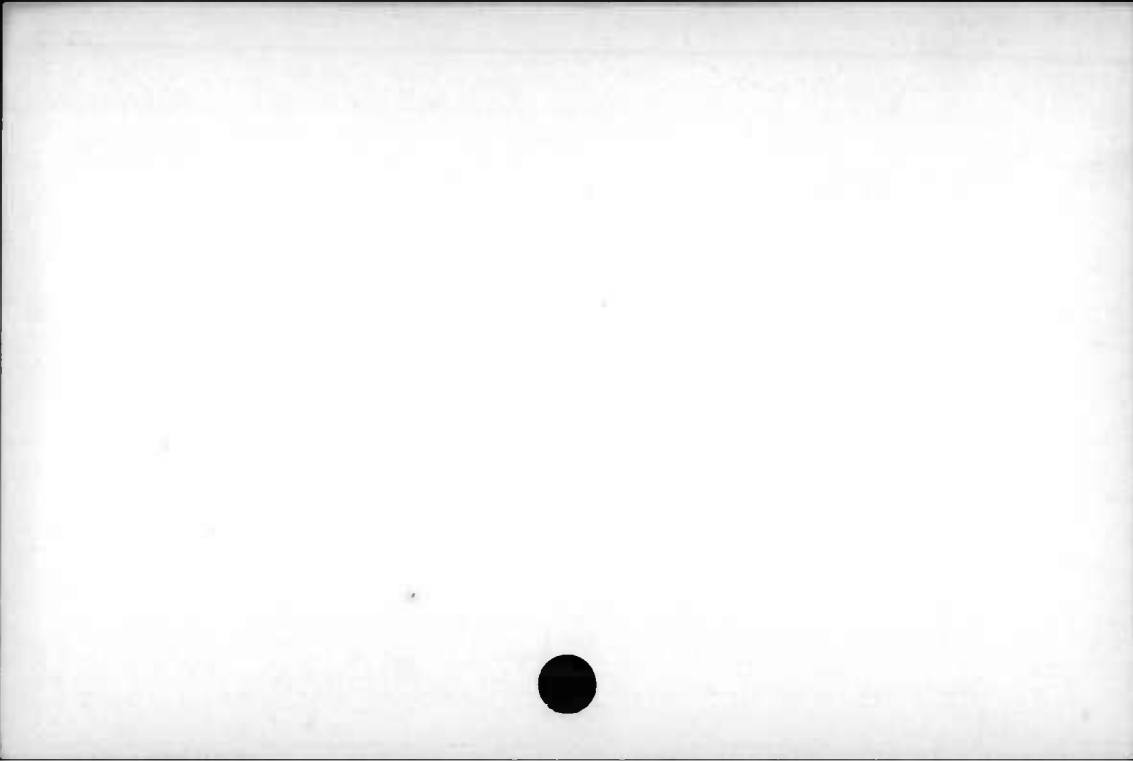
Address *Drumbridge* *Undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Thomas J Ward				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hells Point		County		Brockester	
	Date of death 1903		Month		Day		Age 30	
	Sex		male		Color or Race		negro	
	Married, Single or Widowed		married		Occupation		laborer	
	Name of Wife		Susy Ward					
	Father's Name		Thos J. Ward				Father's Birthplace	
Mother's Maiden Name		Emily Wilson				Mother's Birthplace		
Name of person giving information						How related to deceased		

CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary		Typhoid fever	
	Immediate			
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		S A Stokes	
Address		6 # 6 - Cambridge		
Accident or Suicide?				



Name
in
Full

Caroline Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Worcester		MARYLAND	
Date of death		1903	Month Sep.	Day 13	Age	Years 18	Months 1
Sex		Female		Color or Race		Colored	
Occupation		House work		Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John W. Wheatley		Father's Birthplace		Wm. Co. Md.	
Mother's Maiden Name		Jane Kane		Mother's Birthplace		Wm. Co. Md.	
Name of person giving information		John W. Wheatley		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis pulmonalis		How long	6 months
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician [Signature]	
			Address Cambridge Md	
Accident or Suicide?				



Name
in
Full

Modie Alexine Wingate

CERTIFICATE OF DEATH

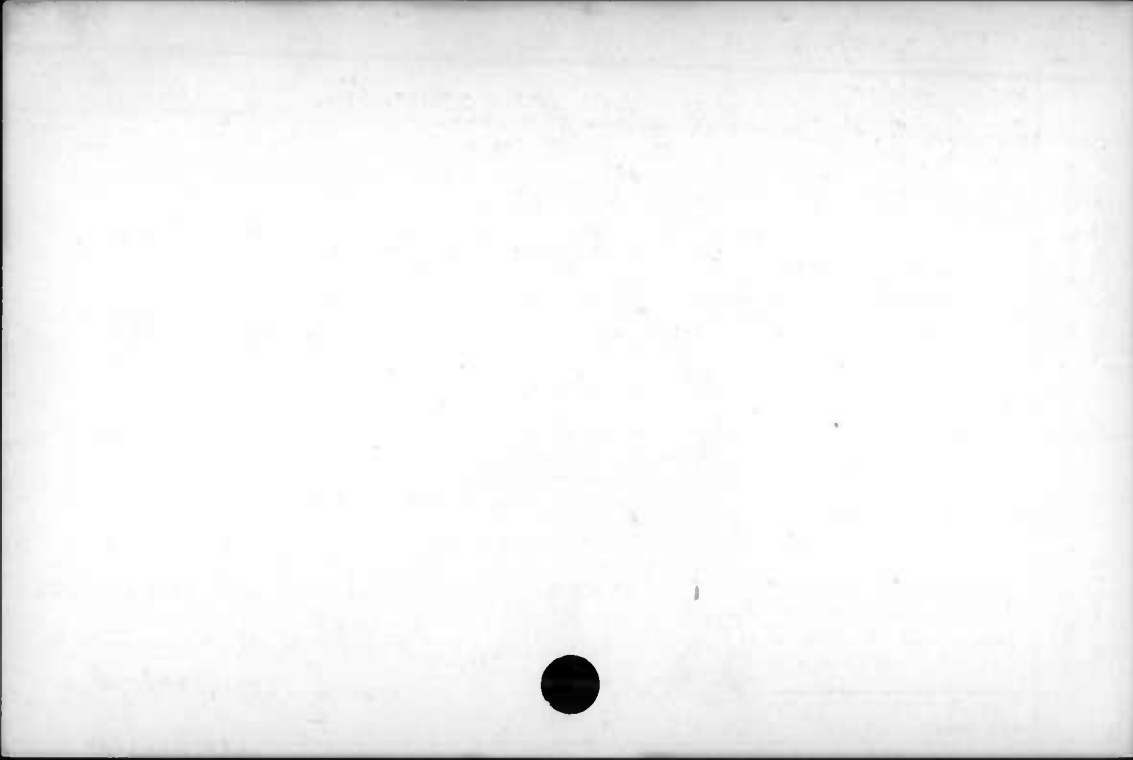
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Burke Head</i> ^{County} <i>St. Charles</i>		MARYLAND	
Date of death 190 ^{Month} <i>3</i> ^{Day} <i>12</i>	Age ^{Years} <i>26</i>	^{Months} <i>5</i>	^{Days} <i>17</i>
Sex <i>Female</i>	Color or Race <i>Anglo-Saxon</i>	Birth-place <i>Ind</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>		
Name of Wife or Husband <i>Howard L. Wingate</i>			
Father's Name <i>Monter G. Shenton</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Francis H. Fallin</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Maie Kivon</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Heart failure</i>	How long <i>one minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>2000. Ind</i>
Accident or Suicide?	



Name
in
Full

Hella Westford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> ^{Town}		<i>Worchester</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>30th</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Eugene Westford</i>					
Father's Name <i>Rev. Simmons</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mother-in-law</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 weeks</i>
Immediate <i>sudden heart failure</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Church Creek</i>
Accident or Suicide? <i>—</i>	

